


D.I. # _____

CIVIL ACTION**NUMBER:** _____


07 CW 421 XXX

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 4.60
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 9.40
	
Sent To WARDEN TOM CARROLL	
DELAWARE CORRECTIONAL CENTER	
Street, Apt. No. or PO Box No. 1181 PADDOCK RD.	
City, State, ZIP+4 SMYRNA, DE 19977	
PS Form 3800, August 2006 See Reverse for Instructions	

9549 4506 E000 0120 2002

2007 SEP 25 PM 3:34


 FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE